

Capitol Region Emergency Planning Committee
RESF-8 Health and Medical
December 4, 2013
Regional Coordination Center
Manchester, Connecticut

Members Present: *See attached attendance list (pp. 5-6, below)*

The meeting was opened at 9:03 a.m. by Melissa Marquis on behalf of chairman David Koscuk, who arrived later in the meeting.

The minutes of November 6, 2013 had been previously distributed. A revision of these minutes was requested. The second bullet of the Mental Health report (page 2) should read instead:

- Homeowner Assistance Event - The Connecticut Department of Banking has provided all regions of the state with a program for individuals facing home foreclosures. CT DBHRN has updated their operations by deploying team members to these events. A second round has been initiated this month for Region 3 citizens facing foreclosures.

Local Public Health: Ms. Marquis and Mr. Centrella discussed a new regional program being developed.

- The City of Hartford Health and Human Services is collaborating with CREPC staff to develop a revised plan for distribution of anthrax prophylactic medication to first responders.
- A template was developed years ago and MMRS funding supported the development of "best practices" guidelines for Hartford. Since then, several changes have been made in the region, and a revision is indicated to meet current needs.
- Variables to be considered demonstrating the complexity of this issue:
 - It currently takes 48 hours to test a sample to verify that anthrax was present.
 - An anthrax attack may occur in more than one site or community.
 - To be effective, prophylactic medication must be administered within 96 hours from exposure. This leaves a very short time after anthrax has been tested positive before medication has to be requested, transported and dispensed to remain of value.
 - Designating the local EMS agency as the point of distribution for the medication has to accommodate the needs of multiple EMS and other services that may respond to an event from different communities. For an attack in one town, how many EMS groups in surrounding communities need to become involved?
 - All medications are stored at one site - Hartford Hospital.
- A general discussion took place on various options that could be considered. Progress on this local planning will be reported at future meetings. Once done, these strategies and tactics can be used in other communities.

DEMHS Report: Ms. Duberek gave the report:

- Three new mayors have been recently elected (Vernon, Bristol and New Britain) and a new emergency manager has been appointed (Cromwell).
- The Student Tools for Emergency Planning (STEP) program has been implemented in Hartford schools, and is available to all communities. This encourages school children to work at home to prepare family emergency response plans.
- The Central Connecticut Regional Planning Agency (CCRPA) is disbanding. As a consequence, several of that group's towns are considering joining CREPC.
- An effort to develop more planning for recovery activities after an emergency is being supported by a grant. Originally focusing on seven small towns, this effort has now been expanded to become a regional initiative by CREPC. A workshop and full day conference is being planned.
- Members of the Region 3 ESF-19 (special needs) provided a training class for state DEMHS staff. This demonstrated the realistic expectations and needs of the disabled in an emergency. A mass care project is now underway leading toward an exercise that will focus on ESF-19 special needs and sheltering.
- School security templates and guidance is being worked on by DEMHS staff.

Ms. Keating reported on DPH activities:

- New powered air purifying respirators (PAPRs) continue to be delivered to the hospitals. Dates are being finalized to complete this project. Two 2-hour briefing sessions at each hospital are being scheduled to review their use.
- Everbridge is planning the rollout of the new hospital platform. Over the next 6 months, each hospital is to set their individual schedules and list of personnel.
- Separate WebEOC contracts will be developed for each hospital.

The Hospitals report was given by Mr. Falaguerra:

- A drill will be held on Tuesday, December 10. This will be to plan for a full evacuation of Hartford Hospital and St. Francis Hospital and Medical Center. The exercise will activate the regional Hospital Mutual Aid Plan and will also involve a SimCell.
- A multiple hospital exercise involving an active shooter is being planned for late winter / early spring 2014.
- Several staffing changes at hospitals were announced.

Mr. Bailey reported on DPH OEMS activities:

- New education standards are being introduced. Auto-injectors are now included in training programs. Training in the use of CPAP devices is now included in the BLS curriculum. A pilot program is underway in Western Connecticut for the field use of 12 lead EKGs. Finally, nasal naloxone blocks the effects of opioids and has possible use for drug overdosed patients in the field. Discussion on increasing the use of naloxone at the BLS level is underway.

- A debate is underway on the need for continuing the rigid assignments of primary service areas (PSA). Each community in Connecticut has a designated PSA responder and currently, there are no convenient guidelines for a community to allow a different company to hold that assignment. Several communities in Region 3 are requesting they be able to do this, and this issue is now being explored.
- Local EMS plans provide a mechanism for evaluating EMS performance. However, few communities are taking advantage of this and efforts are underway to encourage and expand objective local use of these evaluation tools.

The local public health report was given by Mr. Huleatt:

- This is a year of transitions. Previous planning for local public health has been from the grass-roots upward. Next year, planning will shift to a top-down structure. Regional frameworks will be developed, which starting next year will guide the local planning effort.
- One outcome of this will be planning to move from 41 mass dispensing *areas* to 5 - from 41 mass dispensing *plans* to 1.
- A full scale dispensing exercise (establishing and operating points of dispensing - PODs) is planned for June.
- Year 3 of local contracts will include deliverables that the state will first have to establish.

The Behavioral Health report was given by Ms. Davis:

- Four training sessions to explain the functions of the Connecticut Disaster Behavioral Health Response Network (DBHRN) have been instituted for uniformed first responder groups. Two have been completed, two others are planned.
- Training of Medical Response Corps (MRC) members is also part of the current efforts. Work is underway to establish a more permanent resource to continue this training in psychological first aid for MRC groups.
- The statewide team is reviewing future training needs.
- Some CT DBHRN team members will be returning to Newtown at local request as the first anniversary of the school shooting approaches.

Ms. McCormack gave the Medical Reserve Corps report:

- A review is underway of the MRC operations at the exercise last October. An After Action Report (AAR) will be available in January 2014.
- One lesson learned is the need for logistic support for mobilizing and setting up resources such as mobile equipment that is under CREPC control. The goal is to work these logistics out before the next exercise scheduled for April 2014.
- Hartford Hospital is facilitating a program to train MRC personnel in austere surgical interventions.

Mr. Koscuk brought the group up to date on the status of MMRS programs:

- A National Healthcare Coalition Conference will be held later in December 2013. At the same time, an MMRS national leadership group will also be meeting. The goal is to review and develop new structures to allow continuation of projects that were completed under prior MMRS funding. Three Connecticut representatives will be present at these meetings.
- An exercise was held in August in Vernon. The After Action Report (AAR) is available on the CRCOG website: Training and Exercise page.
- An article has been published in the United Kingdom offering more effective and accurate data on triage, and describing a tool that might be used here at future MCI events. This will be reviewed by the state EMS medical director and reported back to ESF-8 at a future meeting.
- A steering or advisory committee is being assembled to look at the next steps for EMS responses to active shooting incidents.

Mr. Koscuk further reported on CREPC activities:

- Stephen Foley will be leaving the staff at CREPC at the end of December.
- A statewide review of the five regional ESF-8 program activities is being undertaken by two hospitals: Hartford Hospital and Yale New Haven Hospital. The two groups are using different approaches, and the initial review of the Region 3 program status identified several problems in the structure of the review process. These issues will be addressed by DPH staff.

Mr. Falaguerra announced there would be no meeting of the hospital section following this meeting.

Mr. Koscuk announced there would be no meeting of Region 3 RESF-8 in January 2014.

The meeting adjourned at 10:58 a.m.

The next meeting will be held on February 5, 2014.

Respectfully Submitted,



Cressy Goodwin
Recorder

ATTENDANCE:
CREPC ESF-8 Meeting
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